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ABSTRACT

This symposium explores the general roles and functions of a college counseling center and of the professional staff within it. Contributors to the symposium discussed the role of the director, the counseling psychologist, the clinical psychologist, the psychiatrist, and the sociologist in fostering positive mental health on college campuses. The role of a college counseling center director was seen to be that of a coordinator in the sense that he sees to the smooth and effective functioning of the center's operation. The role of the counseling psychologist must evolve within a particular framework that has three characteristics: (1) it must be consistent with the aims of the institutions, (2) it must not duplicate the functions of other personnel, and (3) it must have its wellsprings in the nature of the student body. The role of the clinical psychologist is that of helping students work through certain existential problems while the psychiatrist diagnoses and treats referred cases, especially problem psychoses. The function of the sociologist is to define the cultural profile of the student population. All of these roles and their interrelationships with each other are delineated. (RWP)

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THE ROLE OF THE COLLEGE COUNSELING CENTER IN FOSTERING POSITIVE MENTAL HEALTH AMONG COLLEGE-AGE YOUTH

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THE ROLE OF THE COLLEGE COUNSELING CENTER

IN

FOSTERING POSITIVE MENTAL HEALTH AMONG COLLEGE-AGE YOUTH

Symposium presented to

California State Psychological Association Convention

Los Angeles, California

December 11, 1964

PREFACE

It has long been felt by many who have been involved in a college or university psychological counseling center that the potential impact of the center was considerable in its efforts towards fostering mental health within the college community. The center brings together people from various disciplines--all working toward the goal of creating helping relationships with students, staff, faculty, administration, and the community as well. Some counseling centers view their services as primarily, if not exclusively, working with students who have vocational and/or educational problems. Other centers are known to work primarily with students with personal problems. A smaller percentage of centers have taken a broader view of their function and have attempted to create an atmosphere in which their therapeutic work is felt throught the college community. There is little doubt that the helping disciplines, working together on a behavioral science team, can be felt in many ways throughout the community. But little is known about ways and means of engendering good mental health practices within the college complex.

This symposium will attempt to explore, not only techniques in operation at present, but also look at bold, new approaches that need to be developed and explored. A sociologist, psychiatrist, clinical psychologist, counseling psychologist, and director of a counseling center--brought together by a dean of student's personnel services--and

finally a generalist in psychology will serve as discussant; whereupon, he will attempt to bring together the contributions of these various disciplines.

It is our hope that others, particularly others employed in college and university counseling centers, will be able to take some of the ideas from this symposium and implement them in their own settings. We are also hopeful that other professional and lay workers in the field of mental health will find this material practical, feasible, and perhaps more importantly provocative and heuristic.

George D. Demos

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Dean of Students
California State College at Long Beach

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Dr. Kenneth C. Weisbrod
Associate Dean--Counseling and Testing
California State College at Long Beach

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Dr. Robert B. Benoit
Counseling Psychologist
California State College at Long Beach

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Professor of Psychology
California State College at Long Beach

"The Role of the Clinical Psychologist in Fostering Positive Mental Health..."

Dr. Alex L. Sweet
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Dr. David L. Wolfe
Counseling Sociologist
California State College at Los Angeles

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Dr. George R. Hoff--Discussant
Consulting Psychologist
California State College at Long Beach

FOSTERING POSITIVE MENTAL HEALTH AMONG COLLEGE-AGE YOUTH

by
George D. Demos

Good afternoon and welcome to our symposium dealing with the role of the college counseling center in fostering mental health within the college community. We have before us a very distinguished panel of specialists in their own field who will be discussing a very important topic, particularly in view of the recent demonstrations and turmoil that have occured at some of our colleges and universities throughout the country. This calls to our attention the tremendous role which a college or university counseling center can play in working with some of the problems that exist on a college or university campus. Perhaps I should begin by briefly introducing the symposium members.

Our first speaker is Dr. Kenneth Weisbrod, psychologist-educator, and director of the college counseling and testing center at California State College at Long Beach. Our next speaker will be Dr. Robert Benoit, the newest member of the counseling center staff, who represents the counseling psychology point of view. Being a counseling psychologist, he will try to portray his role in the California State College at Long Beach counseling center. Next will be Dr. Thomas Macfarlane, professor of psychology and one of our long time members of the counseling center staff as well, representing the clinical psychologist in the counseling center. Our fourth speaker will be Dr. Alex Sweet who is representing the role of

the psychiatrist. He comes to us with a very extensive and broad background. He not only was a psychologist, an assistant professor of psychology at the University of Kansas at one time, but went on to medical school and received his psychiatric training as well. Dr. Alex Sweet will present the psychiatric point of view. Dr. David Wolfe is our fifth speaker and represents the sociological point of view as the counseling sociologist. He is presently on the staff of California State College at Los Angeles and formerly worked in the counseling center at California State College at Long Beach. Our last speaker will be Dr. George Hoff who will be our discussant, who, not only is a member of our counseling center staff, but has a private practice of psychology in Santa Ana. He will summarize and bring together some of the convergent and divergent points of view brought out today. I think you will agree—an august body of specialists, indeed.

What are some of the ways in which counseling centers within universities and colleges can enhance the mental health within their college community? First, by college community, I am referring to the students, the staff, the faculty, the administration and also what we might call the "contiguous area" to the college, i.e., the surrounding community as well. I think a great deal of what we are doing in our counseling centers, or perhaps what we should be doing, does and can have a definite impact of the mental hygiene of these contiguous communities.

There is no question in most of our minds that young people of today have a very uncertain future, and although men have made enormous technological advances in the last few decades, there has been very little progress in understanding and controlling human behavior.

In our many dealings with students, however, we try to encourage trust, friendliness, warmth, and self-understanding--while minimizing hostility, suspicion, isolation, and self-centeredness. It does not seem to be enough, however. There has been a noticeable tendency to concentrate on what is wrong with the individual to the detriment of a proper understanding of his capacity for solving his problems and doing creative work.

When one considers the large numbers of students who are in school today, more than one-fourth of our hundred and ninety million people are engaged in the education process--the potential contributions and the impact that counseling centers can have on them is very great. It can help those working below their capacity to attain or regain the products of their abilities, through counselors working quietly, and in many cases working with and through others. We influence our college community and give appropriate recognition to the importance of motivation and feeling to students.

We have a large number of people under our student personnel "umbrella" who work in helping relationships in a large number of different areas, counseling being just one of these areas. We have, for example, an office of testing, an office of student health services, an office of student affairs, an office of placement, an office of admissions and records, foreign students, financial aid and scholarships, work-study, and an office of student housing. All of these student personnel areas work toward creating a counseling attitude and relationship among the students, attempting to encourage and to develop good mental health practices within students. In other words, the counseling center is not the sole counseling agency within the college, but all of the student personnel areas, in one way or another, provide counseling for students. Whether it be in the

area of placement, health, financial aid and scholarships, foreign students, student activities, and so forth--all of these student personnel services play a very key role in fostering mental health.

We are in need of ways in which we can coordinate efforts among various helping fields to promote better mental health. There is little doubt that withour increase in size and tremendous growth on college campusesthroughout the country, there is a concomitant tendence toward depersonalization. Contacts with students--close contacts--are at a minimum under these circumstances. There is a trend toward privacy and anonymity; the student himself feels that sometimes he is "nothing more than a punch on an IBM card." This feeling of depersonalization in turn stimulates a striving for identity. Who am I? What am I? Where am I going? Why am I here?--existential questions that more and more youth are asking and are vigorously searching for answers.

There is also tremendous pressure on faculty members to participate in research and to take part in many other scholarly activities, sometimes at the expense of close interactions withstudents. This may be one of the legitimate causes for some of the new ferment that we're feeling on many campuses. This is not only germane of Berkely, but it seems to be prevalent on many other campuses as well. Bigness does seem to contribute to a greater degree tothis feeling depersonalizations than in some of the smaller institutions.

Related to these conditions is the increase of many young people who are in need of psychiatric and psychological counseling. This finding is apparent by some of the research studies conducted by college counseling centers nationally. For example, one study indicated that at one leading Eastern University there were as many as 25% of the students were in

need of what was considered by the psychiatric staff as depth therapy, or at least considerable counseling with regard to some of the personal, emotional, and social problems that they were experiencing in college. I don't believe this to be too atypical from other colleges throughout the country. Quite a few of these institutions exhibit campus student bodies where there are considerable numbers of student problems in areas dealing with a host of conflicts, anxieties, and frustrations. (See appendix.)

The stress and anxiety over possible failure is another contributing cause toward some of the difficulties students seem to be feeling at the present time. In view of the fact that there is tremendous parental and societal pressure and a need for more and more skilled personnel today, there is also greater pressure for young people to secure academic degrees, despite the fact that they may not have the potential to succeed in these academic areas. As a result of this pressure, it frequently leads to considerable anxiety on the part of some students, and to failure for many others. Because of this stress, a student may leave the college campus as a result of academic failure and/or lack of academic aptitude. Thus, he is viewed by his parents and peers--those who know him and come in contact with him--as being a failure. In some instances he may not have had the potential to succeed in the first place.

A tremendous amount of our time in the counseling center is spent working with students with these kinds of resultant anxiety reactions. Consequently, the need for student personnel professionals is on the increase. The need will be greater in the future with the tremendously large number of students who will be attending our colleges and universities in the future.

There is also a pressing need to work toward prevention. It is obvious that we will not be able to meet all of the needs of all students. We probably will not be able to even come in contact with all of the students who are disturbed or anxious about failure or who have problems in college. But I think the salutary impact that we can have on other staff members, on professors, on administrators, on some of the people who work most closely with students--can be truly significant. We look upon our counseling center as being a behavioral science center, working not just in a one-to-one relationship with students, but also working to a greater degree with the staff, the faculty, the parents, and other members of the community as well. We look upon the counseling center of today as being a dynamic place where we are working with many of the most difficult problems on the campus; a center with its helping "tentacles" felt throughout the college community. (See appendix for partial operational description of counseling center at California State College at Long Beach.)

We also view this most beneficent task as one of society's most important social work functions--engendering and salvaging our most priceless commodity--human resources.... May we be more successful in this venture.

THE ROLE OF THE COUNSELING CENTER DIRECTOR IN FOSTERING MENTAL HEALTH

by
Kenneth C. Weisbrod

Essentially, the role of a college counseling center director is that of a coordinator in the sense that he sees to the smooth and effective functioning of the center's operation. As coordinator he determines the philosophical tone of operation and engages in the process of making decisions to maintain it. Secondly, he is an educator in the sense that he maintains an information service with the rest of the college community and conducts an ongoing inservice educational program for his staff. Thirdly, he is a clinician inasmuch as he assumes responsibility for treatment or for the screening and referral of students with various kinds of problems.

We approach these kinds of responsibility with the assumption that mental health is based primarily on and goes hand in hand with cognitive competence. Our primary concern in the college community is for student learning. Therefore, we are engaged with students to develop their competencies to levels appropriate with the needs and capacities.

The effectiveness of the counseling center seems to rest, first of all, on a keen awareness of the kinds of problems which are inherent to the student population. Such problems take various shapes. Some of them arise from the student's need, in the process of growth, to maintain a fairly constant state of self-understanding. Others relate to the need

to develop abilities for self-management in terms of planning time and energy for various activities. We need also to be alert to the kinds of problems arising from group living for students new to the student housing environment. In the college setting, student needs include also a good deal of constructive assistance in the formulation of realistic goals, both in terms of current academic pursuits, as well as long-term career plans. Many problems related to these needs may be approached through preventive as well as treatment measures. One recognized way in which the counseling center is able to prevent problems is to maintain an on-going appraisal of student progress, recognizing the kinds and pacing of stress which students encounter as they progress through the curriculum of the institution. From time to time, when class loads are heavy, there may be need for assistance in building rapport between the faculty and various students who encounter more stress than they can normally manage. Recognizing that not all professors are also able counselors, some counseling centers assume responsibility for providing faculty seminars which help the individual professor maintain an alertness to the cues observable in student behavior which indicate the approaching threshold of the individual's tolerance to stress. An early diagnosis and referral oftentimes saves a student from having to drop courses or from having to drop out of school.

In some counseling centers it is assumed that every student on campus is a potential counselee. Such facilities frequently administer batteries of tests, sampling a wide range of information, from all students. Files are maintained against the time when the student might be referred, voluntarily comes in, or is called in for counseling. These centers usually assume some responsibility for program planning or for

academic advisement. There is in such operations a limited amount of one-to-one counseling in view of the press of numbers. A thorough job of personal counseling under these circumstances would indeed require a very large staff.

Another alternative position which the counseling center might assume is that every student from time to time is under increased stress from academic pressure, or pressure from extra-curricular involvements. A student might fall prey to the disorganizing kinds of emotions which would contribute to his disorganization or lead him to engage in bizarre or unusual kinds of behavior.

Psychotherapy may be indicated for individuals, in which case the counseling center would build a staff of people at the doctoral level who have skills in counseling or clinical psychology, and psychotherapy. In this case the counseling mode would be a one-to-one relationship with students. If an individual counselor's load should increase to the saturation point, he might see fit to bring students together for group therapy in order to free his time to deal with incoming, new clients. Counseling of this kind might be seen as either a short-term, or, in some instances, as long-term therapy. The primary function of the counseling center in this instance would be the same as under the other kinds of operation described above. Our purpose is to keep students progressing in the instructional program.

It is my candid opinion that in either of the types of operations mentioned, there are certain weaknesses built in.

First of all, these are very expensive operations. Secondly, there is a probability of inefficiency and waste when the counseling center sets itself apart from the rest of the institution and operates in a highly specialized way.

I suspect that my position here is somewhat biased by personal experience. Some 20 years ago as a newly-trained psychologist, I became consultant to a county school system and found myself in the position of being the only psychologist in a geographical area of some 2,500 square miles, with a student population of about 49,000. As the referring schools found I might be of some service to them, my referrals rapidly increased to about ten per day. I thought of myself almost as a jet-propelled clinician with tape recorder in my car, dictating psychological reports on students at the last school visited as I drove to the next place. I saw many students and felt that I was doing fairly well, at least as I was able to almost approximate the number of counseling sessions with the number of referrals. Frustration was a product of this experience, however, as I began to revisit schools with follow-up intent. I found that little change had taken place, either in the behavior of the student or the attitude of the teacher and administrator relative to the student. With a growing referral load and limited opportunity to deal with the people intimately involved in the lives of students, either those at home or at school, I felt a little like the man trying to drink all the water that came down the river.

Through time one becomes increasingly impressed with the effectiveness of a counseling approach which brings into account the various people in the immediate environment of the student. Measures taken with the student alone many times produce limited effect since only part of the problem is differentiated.

By and large, in view of the problems which most students bring to the counseling center, long-term psychotherapy is not indicated. Problems are apt to have temporal and spacial qualities. Usually they are

acute right now. They often have arisen from the immediate past. They bear upon the present with forebodings for the student's immediate future. These are problems incidental to the student's state of maturity and to the college situation. Such problems often appear to be a distortion of reality as viewed by the student and require simply a clarification of the various probable contributing factors and a few alternatives open to the student. This does not imply that we do not have students with serious long-term problems, for indeed we do. Each student population, it seems, encounters the breadth and scope of problems of humankind. And there are students who come to the institution mentally ill for whom specialized kinds of care are needed. There are also those under stress who, due to circumstances currently existing, reach the breaking point from time to time.

In order to clarify this point, it is recognized that the rank and file student is able to manage his own problems relatively well. The assurance of such management by many students could be reinforced by a counseling-oriented faculty. By and large the academic faculty sets the pace of participation for the students, and in a way mediates the stress for the student population relative to progress through the academic program. I believe that every faculty member, as an instructor and as an evaluator of student progress, is a counselor, whether it be on a one-to-one or a one-to-group or a group-to-one kind of relationship. The interpersonal interchange implies communication of information which cannot exist unless there is both giving and receiving.

If we believe that the instructional faculty is keenly aware of and vitally interested in the student's presence and progress, the counseling center can play a supportive role to this relationship. It does not

assume its full responsibility when set apart on the campus as a clinic for dealing with emotionally sick students. The college community may be likened to an information system, in which the interaction of all elements within the system contributes to its total effectiveness. The college is an open system, which will remain open and achieve equilibrium only as long as it maintains active communication within the subsystems, since the flow and control of information influences the kind of operation as well as the ultimate output.

Following this analogy, the successfully operating counseling center engages in an effective public relations program throughout the college community. The primary purpose of such a program is to maintain continuing awareness of the available services performed by the center and to promote as well the prevailing philosophy and function. For example, an appropriate philosophy which might be reflected by the counseling center would be personal rather than impersonal. It would express a belief in and respect for the dignity of the individual. The validity of this attitude towards students and faculty alike should be reinforced by every contact.

Finally, the counseling center is a place where ongoing research can be a part of the regular operation. It is quite possible that an alert and dedicated staff can provide a real service to the institution, not only as a laboratory for research, but as a place where current and meaningful research from the behavioral sciences bearing upon instruction at the college level can be pulled together and synthesized, perhaps disseminated in a news letter or monthly bulletin. Such a publication could well be contributed to by various members of the faculty at large as well.

These are only a few thoughts relative to the role and position of the director of the counseling center. Obviously, there is a generous investment of idealism, which may, at least in part, remain in this realm, but after all, today's practical reality is the product of yesterday's dreams.

THE ROLE OF THE COUNSELING PSYCHOLOGIST IN FOSTERING MENTAL HEALTH

by
Robert B. Benoit

Since I am in the process of learning my job as it evolves at California State College at Long Beach, thinking through what I consider the role of the counseling psychologist to be is not a matter of reflection, but instead, of developing a conceptionfor mayself as I go along. Instant conception, as it were. So this is something that I am trying to do for myself as well as to try to communicate it in a way that might have some relevance for someone else.

It seems to me that the role of the counseling psychologist must evolve within a particular framework, one that has three characteristics.

(1) Such a role has to be consistent with the aims of the institution in which the psychologist is employed.

(2) While consistent with the general aims of the institution, his role must not be one that simply duplicates the functions of other personnel. Academic program planning offers an example. Professors in the department who have more information about course offerings can do this more effectively. It shouldn't involve long-term psychotherapy for which the counseling psychologist might not be appropriately trained, and which is available privately.

(3) The role must have its wellsprings in the nature of the student body, what sort of people they are, what sort of homes they come from, and what their purposes are in being there.

Within these is the kind of thinking I have been doing regarding the role of the counseling psychologist in the counseling center in promoting mental health.

In the summer, 1964, Journal of Counseling Psychology, Bixenstine and Page describe a client with whom they originally had intended using hypnotic therapy in order to rid her of a disturbing symptom. Each morning at about five o'clock, "Miss Y" would begin to shake her head back and forth and thrash about in bed. Since she lived in a dormitory, this behavior was disturbing not only to her, because she was unable to go back to sleep, but also to others living in the dorm. She came to the counseling center to rid herself of this annoying symptom. However, the authors felt that rather than removing Miss Y's symptom they would employ a kind of therapy which would allow the symptom to change Miss Y. Sometimes we automatically think in terms of relieving underlying anxieties through therapy, or getting rid of symptoms as if they were never wanted or useful. In this case, however, the symptom was needed. As the authors put it, "It seems clear that instead of Miss Y removing or altering her symptom, the symptom altered Miss Y, removing lingering self-indulgences carried over from an earlier time. To have pursued the widespread thesis that her symptom was bad, maladjusting, and thus expendable, would have been fraught with doubtful success. Indeed the symptom was her manner of serving notice on herself to get up, and to get busy, and to change. When she capitulated to the demand voices in the symptom she felf optimistic, capable of relieving her own symptoms, her own problems, and free of the symptom." They conclude that it is true that the symptom did disappear, but not through being removed. They call for a new look at the meaning of symptoms. I agree emphatically.

Linette and Stone, at Kansas State University, tested their incoming freshmen to learn the personal meaning that obtaining a college degree had for them. This is what they concluded: Students see our university and their parents as benign, powerful figures, and acquiring a college education (college degree) is seen by them as becoming more similar to these figures and acquiring greater self-esteem and feeling of personal power. Not acquiring a education is perceived as being quite a deflating experience. There is clear evidence that the student would expect this to be an experience damaging to his self-worth and feeling of effectiveness."

In an informal replication that was tried at Cal-State Long Beach, I fould a similar situation, that receiving a college education is intimately associated with feeling of personal worth.

Within that framework I want to talk about a few of the kinds of observations I have made of the people I have worked with at Cal-State in the short time I've been there. A young lady came in shortly after mid-term. She had studied hard and had done reasonably well in her exams. There was no problem of grades, but as far as she could express her concern, it seemed to be...So what? I don't have the problems studying necessarily, I can learn and I can get the grades, but it just doesn't seem to add up to anything that really matters. In talking with her she told me of her interests. She liked to ride horses, she liked to swim, and do other activities of this nature, but as far as being able to become involved or committed to her college work, no....And as far as her reasons for being in college at all, well, it's kind of "the thing to do; I think I ought to have a college degree. I just don't want to be a plain ordinary secretary. I want to get a college degree, and I want to be somehow better." This is roughly the extent of any kind of conception she could identify.

Another client, a foreign student, was apparently having a bilingual probelm describing himself as unable to understand what his professors were saying. I turned out that this wasn't the case at all. His grades were reasonably good; thereal problem was that he didn't like going to school. He didn't like studying, and didn't like the subjects that he was taking. They were meaningless to him. He could reasonably identify that he didn't want to become a waiter, or a gas station attendant or something of this nature. He wanted a college degree, but exactly what he wanted to do with a college degree, or what it meant to him beyond this vague, "It'll be bad if I don't get it, it'll be good if I do," was impossible to identify.

A third client was referred from the Nursing Department as having psychological problems. She wasn't able to deal psychologically with one of herpatients. She came to the counseling center thinking, "I'm going up there and get rid of my psychological problems." However, no matter how hard she tried, she could not find genuine neurotic conflicts, at least of the classical variety. Rather, she found that she had chosen a course of study too easy, one where there was little risk of failure. However, there was also, no chance of success, for she was not doing that she knew she should be doing. To rid of her symptoms would have required the acceptance of mediocrity. I felt at the time she was quite willing to perceive herself as maladjusted in order to avoid looking at the real issues.

Subsequently, when she was given an intensely challenging assignment in her intern training, she accepted the challenge, and her "psychological problem" disappeared, much in the manner of "Miss Y."

The fourthstudent I wish to discuss is a girl whose symptom was sexual promiscuity. Having had previous therapy, she was well versed in

the Oedipus complex, and as far as I was concerned, derived considerable satisfaction from talking about it. As a matter of fact, I felt that she would much rather discuss her sexual escapades than to face an essential reality: that she was, in point of fact, an extremely ambitious girl who never had done anything about it. Indeed, it seemed quite possible to conjure up all sorts of Freudian jargon in order to place this girl's behavior in some kind of pathological perspective, but my counselor's intuition told me that this could be a "psychological sounding" way of avoiding the real issued--acceptance of adult status, adult responsibilities, development of a mature conscience--in short, denying the inevitability of growth.

Now if a person either chooses to do this, or cannot accomplish psychological growth on his own, he needs help--but the help must be appropriate, must be growth promoting. Digging through the Oedipus complex, in this case, was to me clearly inappropriate and not conducive to growth. It smacks of pseudo-neuroticism, and the wrong focus of attention.

These concepts are certainly not original with me. More and more, psychologists are realizing that the types of problems we deal with today demand new theories and new approaches. I refer you to Allport's Becoming, and Glasser's Reality Therapy. To my knowledge, however, these emerging concepts have no been viewed as providing the cornerstone of counseling psychology and a sensible rationale for the role of the counseling psychologist in the college community.

What my experience here, so far, seems to say to me is the following:

1. It seems to me that the needs expressed by most of my clients are not deficit need, but growth needs; not survival, but finding meaning in existence.

2. That, nevertheless, these same clients can be quite willing to operate in a quasi-psychotherapy situation, as if they were grappling with deficit needs; i.e., the Oedipus complex. Since they really do not have strong deficit needs, they attempt to use a spurious situation to avoid facing the reality—that they must begin to develop and implement long-range life goals. This is the way they perceive the situation at first, and it is the counselor's job to change this orientation.

3. To deal with such a client on a deficit basis is to perform an empty charade.

4. That the counseling psychologist on the college campus is therefore not a clinician dealing with problems of deficit, but one who must be able to deal with values and the development of a mature conscience.

5. As such, he is first and foremost, "a college professor," an adult who at least ought to embody the kinds of mature values that are consistent with commitment to adult responsibility. At the core of his function and importance to his clients, then, is the fact that he is a living representative of the enlightened adult academic community; a person with whom his clients can interact--with the focus on the development of values and commitments.

6. To this relationship, the counseling psychologist brings all his "tools," but not as an agent for removing unwanted symptoms (meeting deficit needs), but to help the student focus his attention where it belongs--finding meaning and purpose in his new role as an adult (meeting growth needs).

THE ROLE OF A CLINICAL PSYCHOLOGIST IN FOSTERING MENTAL HEALTH

by
Thomas G. Macfarlane

Being a clinical psychologist in a college counseling center is a particularly rewarding experience because of the opportunity to work closely with students and to participate in an interdisciplinary venture.

Working with students as a client or patient group has much in common with what I have seen in part-time private practice over the past eleven years, but there are several interesting differences as well. Although many private practice patients are college graduates, they are not as actively immersed in study and in questions of philosophy of life as are college students. For some college students the existential question concerning meaning and purpose in life becomes very important indeed. One would think that the purpose of getting a BA or MA degree would give the student sufficient sense of purpose. Such does not seem to be the case. The quest for meaning can be very vital for the college-age student. In all honesty, however, I must say that this problem seems to affect only a certain portion of the client population. Others seem to be taking this problem in stride. For these that are concerned, the problem does not seem to be as much being lost in a sea of relativism or even being a captive of determinism, as it is a feeling of futility, loss of purpose, and a fundamental questioning of existence and self.

In other ways a comparison of private practice and college student clients is interesting. Since Mowrers' article on "Psychotherapy: Payment or Repayment" appeared, I have be trying to decide whether there are any basic differences between the two populations of patients, the one who pays fees and the one who pays no fee whatever, not even the reduced fee of the community or state mental hygience clinic. The general observational answer I've arrived at is that there is no basic difference in the way the two kinds of client work in therapy. The effort and the expended rate of movement would appear to be about the same for both. The concern with and working through of guilt feelings seems to be about the same for both. The major focus of attention seems to be in interpersonal relationships and close affectional relationships, more in line with Sullivan's views than Mowrers'. Anxiety and the modes of handling it seem to be important concerns in both client groups.

If it is true that both groups work equally well in therapy, it may make us question the entire role of the fee in private therapy. Without denying the importance of money dynamics in the life of the patient, yet we may find that manipulation of the fee may not bring all the results that we possibly attribute to it. Based on my experience, I feel that we must be careful of our own rationalization when we assume that the higher fee will really help the patient.

Although I do not have statistical data to substantiate this, I believe that the data would indicate, at least for me and possibly for other workers as well, that the time in therapy is probably less in student therapy than in private practice therapy. As I have indicated previously, I do not feel that this is due to any fundamental difference in the progress of the two kinds of clients, but perhaps due to factors inherent

in the situation or setting. First, college patients are generally younger and possibly respond to change more readily. Secondly, assuming they do not have the problem of being isolated in the college community, there is probably more group discussion and evaluation than otherwise would be the case. Third, to be realistic and to recognize the transition status of the student population, external factors such as moving, having to obtain jobs, concentration on educational goals undoubtedly play a part. The end of a semester and the end of an academic year seem to provide end spurts toward termination in many instances. Finally, we like to feel treatment goals are not basically different, but probably there is the tendency to feel that the college student is younger and will probably work some things out on his own given further life experience. Thus all these factors may contribute to shorter treatment time.

As others have mentioned, there are many groups for students associated with a college counseling center--study groups, reading acceleration groups and other group counseling arrangements. As a clinical psychologist, my interest and responsibility is in the area of group psychotherapy as such. In the course of my experience at the counseling center, I have had only two groups, one for the eight-month academic year and the other currently. If I should ask why this is so, I would say that in part it is probably due to the fact that group therapy in a quarter-time assignment represents quite a responsibility, and even more important, it seems that the demand for a clinical psychologist's time in a counseling center is mainly for individual work. Scheduling for six students, a faculty member therapist and a graduate assistant co-therapist is difficult at best. Our current group meets Friday, 2:00-3:30 p.m.

As a sidelight on the academic side of my work at the counseling center, I will be supervising graduate students in their first semester of clinical practicum next semester.

The other side of life in a college counseling center consists of the relationship one has with one's colleagues. At our center we have three consulting psychiatrists working one-half day each per week. This allows multiple referral opportunities depending upon the needs of the client.

The center, as would be expected, has a number of full-time counseling psychologists who counsel students in educational, vocational, and personal problems. Although I do not hesitate to discuss vocational problems with a student client, there are highly qualified experts in the field available should the vocational problem be a severe one, and referral is often made.

Immediately across the hall from the counseling center is the college testing office. The college testing officer is an expert on tests and statistics. The college psychometrist can administer individual tests including projective techniques so that a therapist may have the advantage of referral to another professional for testing.

Having been one of three staff members who began operations with the counseling center in 1953, I feel considerable pride in the service that has been provided by the center in the years that have followed. In all those years the disciplines of counseling psychology, psychiatry, sociology and clinical psychology have worked together under the most harmonious of relationships. It has been a pleasure to have been associated with a venture which attempts to conserve that very precious human resource: the welfare of our college students.

THE ROLE OF THE PSYCHIATRIST IN FOSTERING MENTAL HEALTH

by
Alex L. Sweet

Having been trained in psychology prior to my work in psychiatry, sometimes I am asked which am I, a psychologist or a psychiatrist? I find this a difficult question to answer because I do not find one replacing the other or one in competition with the other. Each supplements the other. I feel this in the work at the counseling center of California State College at Long Beach were different disciplines are represented and where they are seen as different approaches supplementing and harmonizing with one another.

This is true not only of the disciplines themselves but the way in which the various individuals work together as people.

What I would like to concentrate on today is the role of the psychiatrist in the counseling center in fostering mental health. By role, I mean what are the functions that a psychiatrist would have, more so than any other groups, and from these, what would be his contributions. The contributions of the psychiatrist in a counseling center need to be viewed historically because there has been an expanded definition of the psychiatrist. Originally the psychiatrist was a medical specialist, specializing in mental disorders, or mental illnesses, so-called. In some ways he could be viewed as analogous to an orthopedic surgeon, the physician to whom the patient having certain signs and symptoms would be

referred. In the 19th century, for example, the psychotic individuals were the patients whom the psychiatrist principally saw! In many respects this is still true in Europe. In recent decades, psychiatry has expanded beyond the psychosis to include the neuroses and character disorders, and to include psychodynamics and psychotherapy. We now recognize, due to our greater knowledge and awareness, a great ubiquity of disturbed and defensive ways of living. As an indication of the expansion of the activity of the psychiatrist to deal more with the disturbances of everyday living, at California State College at Long Beach, the psychiatrists are a part of the counseling center rather than of the Health Service. This serves to show the psychiatrist, not as an isolated medical specialist working in a hospital setting, but more of a behavioral specialist working together with others in the behavioral disciplines. Great credit for setting up professional arrangement and California State College at Long Beach should go to Dr. George Demos.

One of the contributions of the psychiatrist as a clinical specialist is the diagnosis and treatment of referred cases. This is particularly true with reference to problem psychoses, such as, borderline psychosis severe character disorders, suicidal and homicidal risks. When we deal with a large group of students, such as at California State College at Long Beach, where about seventeen thousand students are enrolled, there are certain to be some serious problem cases. Referring to the demographic analysis of the student population, there is the important fact that the age period for college students is not only one when major life readjustments are going on, but also is the time of onset of the schizophrenic reactions. I have seen several students who have been referred as being eccentric, but who have classical schizophrenic syndromes. Besides the problem of

evaluation,we also have the problems of recommendation and disposition. Should these serious cases drop out of school? Should they be hospitalized? Should they be referred to outside agencies? Should they be kept on in college and treated with drugs? These are some of the questions that arise. These are all serious decisions. The psychiatrist, whose training includes, to a large extent, working with psychotic individuals, can contribute this special knowledge and competency to the counseling center. It might also be said that the tendency has been in colleges and universities, to treat psychotic and borderline psychotic students more and more on an out-patient basis. Psychosis is not a necessary condition for exclusion from college. It is quite possible to have students, who have episodes of hallucinations, to go to classes, somehow manage to function, and to get passing grades. It could be argued that for many of these psychotic and borderline psychotic students, college is a better social environment than any other social setting that they might have. If the college is to deal with these types of problems, it would be advantageous to have a psychiatrist available. Certain procedures such as drug treatment or temporary hospitalization might be desirable or necessary; these require the special competency of the psychiatrist.

The referral situation provides an opportunity for collaboration. It seems to be desirable for the psychiatrist to have a conference with the referrer on every referred case. The case is then, not only referred <u>out</u>, but it is also referred <u>back</u> for discussion. Thus we can and we do have conferences with those who refer students, whether it be the dean, faculty member, counselor, or some administrative officer. In that way there can be a greater impact on the college community with regard to the issue of mental health. As the psychiatrist discusses the particular problems of

the student who was referred, the referrer can perhaps gain a greater understanding of the emotional reactions and disturbances affecting the student, and moreover, may become sensitive as to how the college can interact with the student in a constructive way or, at least, not in a destructive way. This, then, is an opportunity for communication and interacting with, and influencing the referrer as well as dealing with the student.

Another contribution that the psychiatrist can make is that by functioning on campus, he can constitute an influence for a change in attitude toward emotional problems and psychological difficulties. It may come as a surprise to some, that in the year 1964, in a locale bordering on a metropolis such as Los Angeles, there should be students, parents, faculty and administrators who view seeing a psychologist, a counselor, or a psychiatrist for emotional difficulties as a shameful act. This I see as a major problem for the advancement of our activities. To modify this destructive attitude, the presence of the psychiatrist on the campus can be quite helpful. It would show that the psychiatrist is not the mysterious doctor who treats bizarre people, but rather a sympathetic human being who helps people with certain kinds of difficulties in a professional way without shame, secrecy or mystery. In this regard I would like to see the psychiatrist not confined or segregated in his own private office or in a hospital, but more socially open and more publicly functioning. He would be available to, and deal with, all the various constituents of the campus community, students, faculty, and administrative officers. Instead of suggestions of secrecy and mystery, there should be more open and public visibility. This attitude can well extend beyond the immediate college campus; besides talks to students

and faculty, there can be presentations in various forms to the community at large. Perhaps in this way we can influence the parents, and through them the students. At least, we can try to lessen the gap between parental attitudes and what the student is exposed to at college.

Finally I see the psychiatrist as contributing by being an educational and supportive force. For example, in the counseling center he can be available to help out with the more severe disturbances. The psychotics, the suicides, the homocidal cases--these problems can be very anxiety provoking to the staff of a counseling center. Having the psychiatrist with his special skills and legal standing available to turn to for help or to take over, if need be, can be supportive and reassuring. It also makes it possible for the counseling center to deal with the whole gamut of psychopathology and not be limited to the minor maladjustments. In addition, the psychiatrist can serve as an educator to workers from other disciplines in the counseling center on topics in which he is particularly trained, such as psychiatric diagnosis, psychodynamics, psychotherapy, and special treatment procedures such as hospitalization and the use of drugs. Moreover, the psychiatrist can function as a participating member of the case conference. At California State College at Long Beach we have an interdisciplinary case conference at least once a week where cases and problems are presented by various staff members and then discussed by the group as a whole. In these discussions different viewpoints are presented by members from various professional groups represented in the counseling center; the result is an enhanced enrichment and diversity to which the psychiatrist contributes and from which he gains.

THE ROLE OF THE COUNSELING SOCIOLOGIST IN FOSTERING MENTAL HEALTH

by
David L. Wolfe

How many of you inthe audience are between the ages of 20 and 30; between 30 and 40; between 40 and 42? How many of you are married? How many have more than 10 children? We are just trying to project about what the counseling center is going to have to do. How many of you are divorced, or are very seriously considering it? I think that what I'm illustrating her is that the sociologist in the counseling center is not only a head counter, but he is an individual who makes every attempt to define the cultural profile of the student population--the people with whom the counseling center deals. Through research the sociologist helps by exploring and making attempts to discover what the subcultural resources are and resource profiles of the student bodies from which we draw our clients. One of the ways of attempting to identify subcultures of our clientele is to look at demographic descriptions of what our people are, the different geographic locations, the part-time commuters, the different ethnic origins they represent. How many have physical deprivation characteristics, or moral and cultural deprivation problems? How many of them have economic or educational deprivations, carreer displacement, problems of locating occupations within the area in which they live? What we're saying is that the sociologist helps to discover the pool of community characteristics which student clients bring to the counseling center.

This is a process which informs the counselors who the people are with whom they're working. From sociological knowledge of our clientele, a counseling center may well define broad categories of mental health problems based upon this analysis of students. We cananticipate, in advance, the probability of certain kinds of mental health problems. The sociologist can be helpful in identifying group mechanisms for motivation and motivation peculiar to our own campus and to our own clientele. For example, some of our students are motivated because of their group contacts, their club and associational contacts, motivated by group pride. Others are motivated by group conscience, others are motivated by group authority, where they are responding to authoritative relationships. Some are motivated by group facade, in the sense that they are manipulators of impressions and they are people who give self-images and involve primarily self-imagery on the campus. And I suspect a good deal of our students also are motivated by group impulse. The Berkeley campus uprisings occur under conditions of group impulsivity, and at that point mental health controls need to be made similar to the controls placed on the Berkeley campus.

From these mechanisms, student motivation is a multi-disciplinary problem. The counseling center can attempt to discover new behavior syndromes peculiar to and prominent on our college campuses. For example, I thing that there are new syndromes of mental illness that we are unaware of yet, in terms of part-time seasonal illnesses that occur on campus. These are the kinds of illnesses that peak around traditional crises on campus, such as freshman bewilderment, security shock in the first six weeks, regulation hysteria, whichis a group problem and not necessarily an individual problem, phobic test-taking anxieties, selective shyness, deliberately selecting to be shy at certain times and not at others,

selective depression, senioritis, the concern of seniors whose degrees are at stake because of poor grades. These are some of the typical types of behavior syndromes that the college counseling centers can be alerted to an particularly those syndromes that are common to the clients' environment.

The sociologist, because of his training, can also contribute to a system evaluation approach to behavior disorders, for example, sociopathy. The psychopath is anti-social; he is a person who is against society, who is fighting society, and he is likely to be criminologic in terms of the alternative routes within which he chooses his own behavior. On the other hand, a sociopath is dis-social, is indifferent to society, may be valueless, may be the type of individual who is loyal to his own very small reference groups but in being valueless also is bland in character. Sociopathy is a social system problem, and is is my judgment that sociology is fostered on college campuses at critical decision-making time for students. I believe also that we're getting more and more sociopathic behavior syndromes among our students who we are facing one way or another in the college counseling centers. As a member of the counseling center staff, a clinical sociologist can be helpful in problems dealing with group and institutional pathology. Individuals are relatively well, but they walk into and they work in and they pass out of sick groups.

I have run across occasionally sick institutions as well, where an individual can be relatively well but then will move into a group that has a mental health problem. You then have a problem here of entry and reentry and capture within, the sick syndromes that a group may manifest in itself.

These are some of the things that I think need to be faced by counselors in any counseling center. And you notice that we have not been talking about grouping clients for counseling or organizing preventive counseling. Our discussion here notes that the sociologist has a systems approach to individual and to small unit problems. Sociology needs to be much more involved in early warning detection systems, such as early warning radar or identifying and diagnosing, prognosing, and treating mental health problems on campus.

This discussion havebeen concerned with sociologic dia osis, I feel that in everything that is going on from the point of view of training programs and of research, has been geared to the processes of how a counselor does his work. I think the great area on which we are missing out is getting into student diagnosis. A sociologist and the Dean of Students at Kent State University has said the "the counseling center should become broadly inter-disciplinary in every aspect of its functioning. The total dominance of the academic discipline as psychology must be modified for greater sensitivity to every aspect of the campus environment." Since I enjoy being a sociologist and working in a counseling center, I hope that we can do more to expand this kind of inter-disciplinary activity to other counseling centers, and not only the ones that I have been associated with at this point.

SUMMARY AND RECAPITULATION

by
George R. Hoff

This is the first time I've ever been a discussant, and when I was thinking about what I was supposed to be doing it sort of pleased me, because I'm the only person here who didn't have to prepare anything ahead of time. I see the role of a discussant about the same as the role I have as a psychotherapist: I try to listen totally to what the person is saying, or what he is trying to express, and then attempt to intervene at what seems to be an appropriate time. The best thing about this role is that my intervention implies that I don't have to take any responsibility for whatever action a person takes. Therefore, any intervention that I am about to make as a discussant implies that I can't take responsibility for the good ideas expressed here today.

What I am going to try to do very briefly is to distill the wisdom that I've heard today into brief cogent statements which I hope strike at the heart of what each man was trying to say, and thereby define the way in which a counseling center, at least the one we've been talking about, can help implement the mental health of the college student.

1. First of all, it seems as though Dr. Demos was saying that the counseling center, or the total student personnel service at the college, can help permit the increased personalization of students in a rather depersonalized type of setting. The college is one place where we can help the student increase his personalization so that he can be better

prepared to deal with his environment afterwards.

2. Dr. Weisbrod made a very important and pertinent point when he said that we can facilitate mental health in the college student by helping those persons--professors, administrators, counselors, etc.--who are responsible for structuring the student's personal world. Since the college environment represents a large section of any student's life-space, and since his experience is greatly affected by the atmosphere which exists, it is crucial that the structure is viable and healthy. We in the counseling center, then, can help keep it that way by serving as consultants and collaborators to the persons who shape the general structure of the college.

3. Then Dr. Wolfe, I believe, made an extremely important point; namely, that it is possible for a society or culture to be unhealthy, and it is possible for healthy people to be living in an unhealthy environment or unhealthy societies. I don't remember the source, but somebody once said that the only realistic thing to do in an untenable situation is to go out the door. It makes good sense, then, to diagnose which environments are untenable and attempt to remedy them before healthy people go out the door. However, many people go out the door while the situation is still tenable. In the counseling center we can help students who might otherwise "leave the scene" by helping them find their inner resources with which they can better cope with a particular situation. It is important for students to learn that they can function effectively even when it would seem that their environment precludes it. Recent books such as The Organization Man and The Lonely Crowd emphasize the effect that sick environments can have on persons.

Part of our responsibility, therefore, is to help students increase their "innerdirectedness" so that they can cope with whatever they encounter.

4. Dr. Benoit made a significant contribution, I believe, when he said that we can help the student identify with a person who has gone through what the student is going through now, and give him a model of what a professional person can be. Sometimes when I'm dealing in my private practice with disturbed people some of them ask me, "Dr. Hoff, you seem so calm, relaxed, happy and well adjusted, don't you ever suffer from any problems at all?" The only honest answer that I've been able to come up with is "Sure I do, but I don't let them bother me any more as much as you do." And this, I think, is what a counseling psychologist or any person in the counseling center can help provide for the student: a model of a person who does have problems--you know, life isn't fresh air and sunshine all of the time--but for whom these problems do not become crises or incapacitating experiences. The student can then see a model of a person who is not only the academically well trained but relatively healthy too.

5. Dr. Macfarlane hit the nail on the head, I think, when he identified some of the major existential problems with which college students are faced, and then theorized that the counseling center can help the student work through his current existential dilemmas. Way back when Niesche said, "God is dead," this created a turmoil in the religious world because he was saying that you can't depend any longer on the kinds of values, attitudes and beliefs that you used to depend on; you have to find some for your own. So, when Dr. Macfarlane said that the counseling center can help the student work through his existential dilemma while trying to find some more meaning and purpose in his life,

I think he was talking about the basic problem of giving and receiving. Now he talked about the problem of giving and receiving in terms of fees, and I think this is a very valid point of view, even though I never let my own patients know about this. It does represent a situation in which giving and receiving, as Kahlil Gibran so aptly pointed out, is one of the basic purposes of living with other people and with ourselves. A person who is giving all of the time, using it as a helping type game, is prostituting himself as much as a person who is constantly receiving.

6. Dr. Sweet made an excellent summary of what the psychiatrist can do in the counseling center. A distillation of his wisdom would go sort of like this: The counseling center can not only help the severely disturbed student see himself as worthwhile and not different from the rest of the student population, but actually help him utilize the college as sort of a situationally therapeutic environment. Also, the counseling center can help those who aren't disturbed change their concept of those who are. Both of these points are extremely important.

We hear these days of all kinds of therapy: occupational therapy, music therapy, play therapy, conjoint family therapy, group therapy, etc. Indeed, there are almost as many therapies as there are settings to practice them in. Therapy, in its largest sense, implies helping more than it does treating or curing, so it follows that the college scene offers singular opportunities for helping. If the college is sincere in aspiring to facilitate the students' "Veltanshaung" it will then try to encourage disturbed and fully functioning students alike to include each other into their respective "World Views."

Finally, I think another thing that the counseling center can do, and actually does, is to help students, faculty, administrators and ourselves experience more of the essential elements of living.

What I am suggesting is education in depth--an education that is aimed at the heart as well as the head, an education that one not only thinks about but also has a feeling for. It is our job to keep remin ing ourselves, our colleagues and our clients that just as the universe is composed of the phenomenological and the logical, complete living consists of the objective and subjective.

I submit that an education will not "take" if it is only objective or exclusively subjective. It must be experientially oriented. The counseling center, as an integral part of the students' academic experience, must then fulfill its obligation by constantly striving to:

(1) Help students analyze their emotional reactions to their academic studies,

(2) provide students with opportunities to express not only their ideas but also their feelings, beliefs and their values,

(3) offer situations in which students may reexamine attitudes and assumptions about where they are and where they're going,

(4) allow students to learn from each other as well as from their professors,

(5) facilitate greater self-disclosure and less self-enclosure among the students, and

(6) help students find a satisfying "style of life."

There are many techniques and procedures which effectively provide this education in depth, but what is first needed is a commitment to the philosophy that education is a human growth process which goes through

stages and goes on in dimension on the college level. The stages of education seem to be:

(1) immaturity, in which the person is naive and trying to discover new things;

(2) adjustment, in which he is conforming to these new things; and

(3) self-actualization, during which he attempts to integrate and synergize these new things into a meaningful self-configuration. The dimensions which require education would appear to be

(1) the person's total self, which includes both cognitive and affective aspects;

(2) the person's contact with persons and things; and

(3) the person's valuing system, or his ideosyncratic manner of approaching life.

If, therfore, the counseling center adapts the concept of total education as its credo, then it will enthusiastically attempt to implement students' academic training by paying attention to those aspects of a student's life which arepersonally meaningful and emotionally impactful.

APPENDIX

APPENDIX

Perhaps an operational description of one college counseling center presumed to be rather typical of most centers can help delineate the functions of college counselors. The following tables pertaining to the counseling center were taken from the Annual Report - Student Personnel Services[1] of California State College at Long Beach.

Tables I through VII indicate the wide variety of counseling cases, the large number of voluntary cases, the predominance of student clients, the length of interviews (average length considerably longer than secondary school--usually one client per hour scheduled), the variety of reasons clients request counseling, and the kind of referrals made; all of which should serve as interesting comparisons with the secondary and elementary counselors' functions.

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[1] Annual Report - Student Personnel Services, California State College at Long Beach, 1962-63, 18-32.

CALIFORNIA STATE COLLEGE AT LONG BEACH

Long Beach, California

SUMMARY OF INTERVIEW CONTACTS

September, 1962, through August, 1963

TABLE I

Reason for Counseling (Stated by Client)

Counselor*	Admin.	Career	Education	Financial	Pers. (sur)	Pers. (dep)	Extra-Cur.	Housing	Employment	Total Inter.
1	254	89	29	4	88	60		1		525
2	114	113	440	5	109	12	1	2		796
3	52	409	227	3	39	2				732
4	62	33	335	743	58	5	7	2	3	1248
5	53	10	255	52	40	43	38	17	2	510
6	264	20	53	2	69	51	32			491
7	5	5	77		12	8		1		108
8	131	202	114		339	196				982
9	178	60	139	1	52	4	1			435
10						558				558
TOTAL	1113	941	1669	810	806	939	79	23	5	6385

*The discrepancies in total interviews by counselor can be accounted for by the fact that not all of the counselors were employed full time. They also had a variety of responsibilities and duties in addition to interviewing.

TABLE II

Reason for Counseling

(By Counselor)

Reason for Counseling	Counseling 1	2	3	4	5	6	7	8	9	10	Total
Test Interp.	105	31	8	5	1	17	11		34		212
Test Referral	1	5	54			3			15		78
Study Helps	31	155	3	7	43	10	4	35	143		431
Probation-Disqal.	34	36	7	32	7	2	4		15		137
Academic Advise.	81	32	1	5	151	17	21	101	4		413
Personal	117	179	91	130	119	273	9	688	112	558	2276
Financial	4	3	3	795	48			3			856
Declar.of Major	8	17	3	5	2	8			4		47
Change of Major	1	30	28	3	5	8	1		2		78
Career	30	26	166	23	8	9		50	12		324
Educational	82	40	162	147	40	44	7	1	93		616
Withdrawal	4	12	4	1		3		4	1		29
Fresh. Interview	19	200	202	93	3	62	49	100			728
Catalog Interp.	2	28		2	3	4					39
Extra-Curricular	4	1			38	31	2				76
Immigration Nat. Serv.	1	1			29						31
Foreign Government	1				13						14
TOTAL	525	796	732	1248	510	491	108	982	435	558	6385

TABLE III

Reason for Interview

Counselor	Voluntary	Referred	Requested	Required	Total
1	368	99	46	14	525
2	588	38	15	155	796
3	448	47	10	227	732
4	1029	22	38	159	1248
5	350	14	46	100	510
6	417		73	1	491
7	52	6	3	47	108
8	350	88	434	110	982
9	360	9	66		435
10		558			558
TOTAL	3960	881	731	813	6385

TABLE IV

Type of Client

Counselor	Student	Pros. Stu.	Former Stu.	Faculty	Staff	Parent	Other	Total
1	389	102	24		1	4	5	525
2	666	86	34	2	1	4	3	796
3	640	44	44				4	732
4	1142	61	25	1		1	18	1248
5	467	26	6	2			9	510
6	416	57	10	2	1	4	1	491
7	102	3	3					108
8	723	56	82			121		982
9	411	14	9				1	435
10	558							558
TOTAL	5514	449	237	7	3	134	41	6385

TABLE V

Length of Interview

Counselor	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-90	Over 90	Total
1	15	28	79	216	39	26	119	3		525
2	28	108	68	150	305	110	15	9	3	796
3	91	144	121	174	103	37	43	17	2	732
4	69	620	214	187	67	52	17	15	7	1248
5	12	107	144	100	43	64	8	10	22	510
6	90	33	78	95	51	97	40	7		491
7		12	46	33	7	8	2			108
8		126	219			637				982
9	188	30	42	99	13	17	30	9	7	435
10							558			558
TOTAL	493	1208	1011	1054	628	1048	832	70	41	6385

TABLE VI

Type of Student

Counselor	Regular	Foreign	Veteran	Voc.Rehab.	Total
1	521	3		1	525
2	793	3			796
3	732				732
4	1123	119	2	4	1248
5	179	330	1		510
6	491				491
7	107	1			108
8	732		100	150	982
9	435				435
10	558				558
TOTAL	5671	456	103	155	6385

TABLE VII

Referral Made To

Referred to:	Counselor 1	2	3	4	5	6	7	8	9	10	Total
Psychiatric	18	11	1	2	3	7			5		47
Health Service	1	2	1						2		6
Counselor	2	10	3	2	1	2			2		22
Off Campus	80	37	13	2	3	10	1	2	8		156
Testing	19	50	5	6	5	8			18		111
Admin. Rec.	23	66	11	6	2	24	7		27		166
Placement	22	46	25	8	4	13			11		129
Faculty	16	68	27	5	8	12	1		25		162
Career File/Libr.	42	136	36	14	22	43	2		14		309
Stu. Affairs	3	64	67	2	7	6	1		4		154
TOTAL	226	490	189	47	55	125	12	2	116	0	1262

In addition to the tables, selected parts of the Annual Report--Student Personnel Services[1] may be of interest to the reader. These sections help to delineate the work of the college counselor.

1. Group work

   Considerable emphasis was placed on group counseling by several members of the counseling staff. Experiments were conducted in attempting to handle some of the freshmen interviews through group sessions instead of the traditional individual interviews. Despite the fact that no carefully controlled research studies were conducted to indicate whether or not groups were as effective as individual interviews, several of the counselors and psychiatrists who conducted these sessions felt there were inherent values to groups which were not likely to accrue by the traditional individual interview; namely, there are individuals who respond better to peers than adult authority figures. It is well known in group dynamic literature that the influence of peers can be very great with some individuals. It also aids shy individuals to participate vicariously through other members of the group. Frequently, these individuals would feel too inhibited to bring out certain subjects in an individual interview but do profit from discussions and the interactions that occur when other members of the group feel free enough to discuss these problems or issues.

2. Research

   A continued research emphasis was carried on during the year and several members of the Counseling Center Staff were conducting projects of various kinds which were of value both to the college and the general area of counseling psychology. Such projects as:

   a. A comparative study of high potential students who are not achieving (underachievers--on probation) compared with students on the President's List (students achieving very successfully in college).

   b. Continued emphasis on the college dropout and awareness of this loss in human resources.

   c. Critical problems faced by counselors.

   d. Problems of freshman orientation.

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[1] Op. cit., pp. 22-29.

e. Problems related to disabled students.

f. Cognitive processes involved in achieving and non-achieving students.

g. Problems of the college freshman relating to success in college.

h. Problems of college students relating to successful career choice.

3. Communication

Closer cooperation between Counseling and the Academic Divisions took place during the previous year. Indications of this closer relationship were indicated by the increase in the number of referrals made to the Counseling Center by faculty members and the fact that five divisions invited the Director to speak to their faculty regarding the role of the Counseling Center and ways and means of expediting the problems of their students. As a result of this increased interaction between administration and faculty, better relations and a closer understanding and empathy of mutual problems seemed to have developed.

4. Professional Activities

The Counseling Center Staff have also been involved in many professional organizations, have presented a multitude of reports at conventions, have taken part in symposia, have contributed scientific and scholarly articles to various professional journals, spoken before community organizations, participated in all-college committees, and sponsored college clubs and organizations. Certain members also taught classes and supervised field workers in both Education and Psychology.

5. Freshman Interviews

Between six and seven hundred freshman students reported to the Counseling Center for an interview during 1962-63. Most of these were held on an individual basis, although in some cases, the counselor saw two or three students together and one counselor saw freshman students in groups of six. In all cases, an endeavor was made to ascertain the student's present progress, study plan, time schedule, vocational goals, etc. The general education requirements were explained and clarification of catalog statements was given if desired. Prior to the interview an autobiography and ACT test scores were placed in each student's folder, thus furnishing background information. During the interview the student was given printed material concerning methods of study and the student was encouraged to return at a later date if he so desired.

6. Undeclared Majors

Advising of undeclared majors was done on a group basis during Freshman Orientation and during registration for both semesters. Several hundred students were seen in this manner each semester. A suggested list of courses for undeclared majors was prepared and distributed to the students for program planning. All undeclared majors thus contacted were urged to return to the Counseling Center for individual vocational/major planning sessions.

Since January, 1963, the Records Office has included the Counseling Center in its dissemination of information, classifying it as the advising center for all undeclared majors of undergraduate status.

7. Study Skills Laboratory

Small group sessions over a period of four to six weeks were led by counselors for students who indicated a desire to perfect their study skills. Following an individual diagnosis of study habits, the group discussed and tried out various methods of developing reading speed and comprehension, note-taking, listening, exam preparation, and planning of term papers. Some publicity concerning the Study Skills Laboratory was given by the student newspaper.

Basic study skills were discussed with Resident Hall Assistants in their orientation meetings prior to the opening of school. These students, in turn, passed along information and aids to the students in their dorms.

8. Career Counseling

The following excerpts from the Career Study Guide Manual should be helpful in defining what has been developed for career counselors.

> The Career Study Guide was designed for use by counselors who wish to help their counselees make a thorough and systematic investigation for the purpose of determining a wise career plan.
>
> This instrument is intended primarily for college counselors; however, it is applicable for counselors in private practice, social service agencies, industry, adult education, and governmental employment services. In addition, high school counselors could use it with students of sufficient maturity.

Criteria are provided to assure that the counselor and counselee proceed in a systematized manner toward the attainment of an increased understanding of both the counselee and the world of work.

Utilization of the Career Study Guide requires the usage of two additional instruments: the Needs and Traits Rating Scales. Each of these tools represents a unique approach to the counselee's acquiring an understanding of himself. He determines his own needs and traits, and rates them according to their intensity. The rating process does not involve a comparison with others, but is introspective in nature.

Additional aids and data for the counselor and counselee in the utilization of the Career Study Guide are included with the Manual. They are as follows:

a. Criteria of Quality of Career Information

b. Criteria of Quality of the Organization of Career Publications

c. The Role of the Career in Living

d. Vocational Career, Company Career, and Industrial Career

e. Some Occupations for College Students to Consider in Career Planning

f. Some Career Possibilities for College Students to Consider in Career Planning

g. Classification of Industries

h. Some Selected Sources of Information in Investigating Companies and Industries

9. Career Information File

The Career Information File includes three sections: (1) Vocations and Vocational Areas, (2) General Career Information, and (3) California Colleges.

File folders and catalogs are filed alphabetically in accordance with the Career Information Filing Plan, which is revised annually. An inventory is made annually, accounting for each file folder and catalog in the File; this is reported in An Inventory of the Career Information File. In addition, a running inventory is kept which reflects the changes made in the File between inventories and shows the number of items in each of the file folders.

At the time of the annual inventory obsolete items (over five years old) are removed from the File. During the year (free) items are received from extensive sources; each item is examined to determine its suitability for placement in the File. A total of 132 items at a cost of $35.97 were ordered for the File during the school year of 1962-63.

A record of the usage of the File is made and reported monthly and yearly in the Monthly Report on Usage of Career Information File and Annual Report on Usage of Career Information File.

10. Rehabilitation Services

Through the past six years, offices of the College have cooperated immeasurably in helping to conduct a registration in microcosm for the handicapped and disabled students on campus. The "rehab student registration" was just one of the student personnel services offered to students. Publicity about its scope and depth has been carefully confined even on campus, however, because disabled students are conscious enough of their physical inadequacies without inviting invidious exposure. In philosophy, our rehabilitation counseling program has provided services that are essential for physical welfare on a voluntary basis. From this premise, the disabled students have been given complete freedom to work out their own histories within the College setting, and have been encouraged to achieve their own responsible independence.

The student rehabilitation services have been, and continue to be, the product of individuals, offices, departments, and agencies working cooperatively with handicapped and disabled students.

In addition to the foregoing, the Counseling Center provided help in the following areas: foreign students, financial aids, loans, scholarships, and workshops.

The Counseling Center is rapidly becoming what some call a "behavioral science center," and its services are being felt in virtually all walks of campus life.